

Department of the Treasury *Federal Law Enforcement Agencies*

PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA						COURT CASE NUMBER CR No. 10-cr-10414-WGY					
DEFENDANT KEVIN B. KELLY						TYPE OF PROCESS PRELIMINARY ORDER OF FORFEITURE					
	Name Of Individual, Company, Corporation, Etc to Serve or Description of Property to Seize										
SERVE AT	one ATV Polaris Sportsman bearing Vehicle Identification Number 4XAMH76A651466										
	Address (Street or RFD / Apt. # / City, State, and Zip Code)										
Send NOTICE OF SERVICE copy to Requester: VERONICA M. LEI, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210						Number Of Process To Be Served In This Case.					
						Number Of Parties To Be					
						Served In This Case.					
						Check Box If Service Is On USA					
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes Business and Alternate Addresses, Phone Numbers, and Estimated Availability times.)											
Please seize and maintain custody and control over the above-referenced currency, in accordance with the attached Preliminary Order of Forfeiture, and applicable law.											
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JRL x3280											
Signature of Attorney or other Originator [X]Plaintiff requesting service on behalf of []Defenda								Telephone No. (617) 748-3100		Date April 4, 2011	
Mr.								(617) 7 10 0 100			
SIGNATURE							Date				
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY											
l acknowledge receipt for the Total # of Process Indicated. District of Origin No No				SIGNATURE O AGENCY OFFI			OF AUTHORIZED TREASURY FICER:			Date	
I hereby Certify and Return That I [] PERSONALLY SERVED, [] HAVE LEGAL EVIDENCE OF SERVICE, [➢] HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.											
[] I HEREE ETC. NAME	BY CERTIFY AND I D ABOVE.	RETURN THAT	I AM UNABLE	TO LO	CATE THE	INDIV	IDUAL, COI	MPANY, CORPC	RATION,		
NAME & TITLE of Individual Served If not shown above:					[] A Person of suitable age and discretion then residing in the defendant's usual place of abode.						
ADDRESS: (Complete only if different than shown above.)					Date of Service			Time of Servi	ce [] AM	
Sionii above.)				4/11/204			[] PM				
					Signature, Title and Preasury Agency Sumple - FRIF Officer					-DHS-CBP	
REMARKS:											
TD F 90-22	2.48 (6/96)										

□ LEAVE AT PLACE OF SERVICE

☐ FILE COPY

☐ RETURN TO COURT ☐ FOR CASE FILE